



**NORTHERN REGIONAL MEDICAL COMMAND
INSPECTOR GENERAL (IG)**

**Inspection of Facilities Used to House
Warriors in Transition**

**Period of Inspection
8 May 2013 – 6 September 2013**



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, NORTHERN REGIONAL MEDICAL COMMAND
9275 DOERR ROAD
FORT BELVOIR, VIRGINIA 22060-2204

MCAT-CG

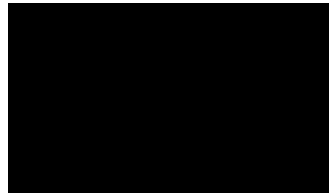
24 September 2013

MEMORANDUM FOR The Surgeon General/Commanding General, U.S. Army Medical Command

SUBJECT: Inspection of Facilities Used to House Warriors in Transition (FY 13)

1. I approve the findings and recommendations in the enclosed Inspector General report on the "Inspection of Facilities Used to House Warriors in Transition for FY 13."
2. Upon receipt of Department of Army Inspector General and The Surgeon General / Commanding General USA MEDCOM concurrence, I authorize its immediate release to the organizations listed below and on the Northern Regional Medical Command's internet web pages.

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as



CF: (w/encls)
Congressional Defense Committees
Assistant Secretary of Defense for Health Affairs
Department of Defense Agencies
Secretary of the Army
Installation Management Command
MEDCOM/OTSG OneStaff



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, NORTHERN REGIONAL MEDICAL COMMAND
9275 DOERR ROAD
FORT BELVOIR, VIRGINIA 22060-2204

MCAT-IG

24 September 2013

MEMORANDUM FOR Commander, Northern Regional Medical Command (NRMC)

SUBJECT: Final Report on the Special Inspection of Facilities Used to House Warriors in Transition for FY 13

1. Purpose. Obtain the NRMC Commander's signature on the enclosed Special Inspection of Armed Forces Housing Facilities Used to House Warriors in Transition.
2. Discussion. On 21 March 2013, the NRMC Commander directed the "Inspection of Facilities Used to House Warriors in Transition."
3. The inspection teams identified 17 findings, 4 observation categories and made recommendations for corrective actions related to the objective. A summary of findings and observations are included in chapter 3.
4. The Summarized Findings are presented in the Executive Summary.
5. Recommendation. That the RMC Commander:
 - a. Approve the final report.
 - b. Authorize its immediate release to The Surgeon General, Congressional Defense Committees, Assistant Secretary of Defense for Health Affairs, Department of Defense Agencies, Secretary of the Army, Installation Management Command, MEDCOM/OTSG OneStaff and posting on the NRMC Command's internet web pages.

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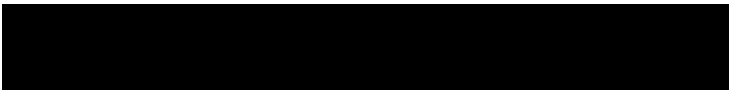
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Executive Summary

1. **Background.** On 18 September 2007, the Deputy Secretary of Defense (DEPSECDEF) promulgated standards for facilities housing Warriors in Transition (WTs) who are receiving outpatient medical care. These standards focus on the areas of assignment, baseline accommodations, and special medical requirements. On 28 January 2008, Public Law 110-181, Sec 1662 was enacted requiring the Regional Medical Command (RMC) Inspectors General (IGs) to conduct semi-annual inspections of all WT housing semi-annually for the first two years and annually thereafter; to submit a report on each facility inspected to the post commander, the Secretary of the Military Department concerned, the Assistant Secretary of Defense for Health Affairs, and the Congressional Defense Committees; and to post the final inspection report on their respective Internet Website. To facilitate the conduct of the inspections, Headquarters, Department of the Army, issued guidance via ALARACT 162/2008 on 3 July 2008 to all Army activities. This message directed US Army Medical Command (MEDCOM) RMC IGs, in coordination with Installation Management Command (IMCOM), to oversee the inspection effort. It also provided the RMC IGs authorization to task staff members and IGs assigned to Senior Commanders and IMCOM as well as “unlimited access to Army activities, organizations, and all information sources necessary to complete the inspection.” On 1 October 2012, the Commanding General, US Army Medical Command directed Commanders of Regional Medical Commands to issue a directive to their IGs to conduct “Inspections of Facilities Used to House Warriors in Transition.” On 21 March 2013, the Northern Regional Medical Command (NRMC) Commander issued the directive to the Command Inspector General to conduct “Inspections of Facilities Used to House Warriors in Transition.” On 1 December 2011, the term “Warriors in Transition” (WTs), was re-termed as “Soldiers.” Soldiers in Transition (STs) was the common terminology used to address Soldiers in this program.

2. **Purpose.** The purpose of the inspection was to evaluate the adequacy of facilities used to house Warriors in Transition.

3. **Concept.** That the NRMC IG, leading a team of Senior Command Inspectors General and augmented with Subject-matter-experts, conducted the inspection of the Warrior in Transition facilities located at nine (9) installations within the NRMC region.

4. **Objective.** To determine if facilities used to house Warriors in Transition were in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

5. Summary of Findings, Observations, and Recommendations.

a. Based on the objective above, three sub-objectives were used to determine compliance. The sub-objectives are: Assignment, Baseline Standards, and Special Medical Requirements. All findings stated in Chapter 3 below were based on the DEPSECDEF Memorandum as the source document. Additional standards were included as appropriate. Findings regarding electrical, life and fire safety were immediately reported to the respective Warrior in Transition Unit (WTU) leadership and/or the appropriate installation agencies for corrective action.

[REDACTED]

b. Overall, the inspection teams determined that Soldiers assigned to the WTU were placed in housing facilities that best meet their needs. Most Soldiers were satisfied with the daily operations within their WTUs. As well, the Soldiers were also satisfied with their respective Installations' support in addressing their privatized housing concerns. Additionally, local IMCOM Directorates of Public Works (DPWs), in coordination with the privatized housing agencies, consistently responded to Soldiers with housing issues through prompt resolution of service requests (work orders). Most Soldiers were given the appropriate priority level for service requests in accordance with (IAW) the housing inspection standards. The inspection teams found that throughout the region, this priority service did not negatively impact the Installations' ability to resolve work order requests for the balance of their populations. Largely, barracks and housing maintenance teams at each installation were competent and efficient in resolving issues once identified.

c. The inspection teams inspected 1920 areas which were comprised of living spaces, laundry rooms, utility rooms, mechanical rooms, multi-purpose rooms and storage rooms. The inspection also included the exterior of the facilities and the grounds surrounding those facilities. Minor deficiencies identified throughout the region were usually corrected on the spot or within 24 hours of submission of the work order. In some cases, deficiencies were corrected prior to the conclusion of the inspection.

d. According to statistical data provided by the Warrior Transition Office, the region had an average population of 1799 Soldiers, during the period of the inspection. The teams utilized interviews as a primary information-gathering method and interviewed approximately 20% of the Command's WTU population. The interviews included all facets of the command from WTU Commanders, First Sergeants, Platoon Sergeants, Squad Leaders to the Soldiers and their Family members. Overall, the leadership in each unit demonstrated an understanding of the standards, policies, and guidelines which applied to the WTU program. All of the Soldiers interviewed commented that their medical needs were being addressed appropriately and felt they received quality medical care. Most Soldiers were aware of and actively participated in their Comprehensive Transition Plans (CTP).

e. In summary, while none of the inspected units fully met all of the standards IAW DEPSECDEF Memorandum 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel; a Majority met the standards for Assignment, a Few met the standards for Baseline Standards, and Most met the standards for Special Medical Requirements. The inspection teams made recommendations to the respective WTU leadership and the Senior Installation Commanders or their representatives in an effort to assign responsibilities to correct deficiencies identified during the inspections.

[REDACTED]

Chapter 1

Objective and Methodology

1. **Objective.** Determine if facilities used to house Warriors in Transition are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

2. **Inspection Team.** The inspection teams consisted of: 1) IG Team Leader; 2) Installation IG Coordinator; 3) DPW Subject-matter-expert (SME); 4) Installation Safety SME; 5) privatized housing representative; 6) Medical personnel and/or Nurse Case Managers; 7) Fire Department SME; and 8) WTU leadership/escorts. Neither the privatized housing representatives nor were the WTU leadership escorts sworn in as Temporary Assistant Inspectors General.

3. **Methodology.**

a. **Observation.** The inspection teams inspected the following types of Warrior in Transition occupied facilities: DoD Owned Unaccompanied Personnel Housing (UPH), DoD Lodging (Appropriated/Non Appropriated), Leased/Contracted Housing and Lodging, Privatized Housing and Lodging. All Family housing on the inspected installations were managed by a privatized housing partner. Assessments of Privatized Family Housing was conducted only with the consent of the occupant and in coordination with the privatized housing management partner.

b. **Document Review.** The inspection teams reviewed the following documents as part of the inspections process: 1) Work Order requests; 2) WTU policy memorandums and Standard Operating Procedures (SOPs); 3) guidance specific to WTUs; 4) Installation/local policies and SOPs; 5) Permission Statements; 6) WTU/Privatized Housing Data Sheets; and 7) Corrective Actions Plans.

c. **Interviews.** The inspection teams conducted interviews with the WTU Commanders, First Sergeants, Platoon Sergeants, other cadre/staff members, Soldiers and Family members.

4. **Locations Visited:**

- a. Fort Belvoir, VA
 - b. Fort Bragg, NC
 - c. Fort Dix, NJ
 - d. Fort Drum, NY
 - e. Fort Eustis, VA
 - f. Fort Knox, KY
 - g. Fort Meade, MD
- [REDACTED]
- [REDACTED]



h. West Point, NY

i. Walter Reed National Military Medical Center (WRNMMC), MD Note: This inspection was limited to off post leased housing. The UPH inspection on the WRNMMC campus is the responsibility of the Department of the Navy, Bureau of Medicine and Surgery, Inspector General.

5. Findings/Observation Format.

a. Where a violation of a published standard, policy, law, or regulation existed, a Finding Statement was developed and addressed in the following format:

- Finding statement
- Standard(s)
- Root Cause
- Discussion
- Recommendation

b. Where there were concerns, issues, or ideas not otherwise pertinent to the facilities inspection, an Observation Statement was developed and addressed in the following format:

- Observation statement
- Standard(s), if applicable
- Discussion
- Recommendation

6. In the report, quantitative terms, such as “few, some, majority, most and all” are used to describe percentile ranges linked to specific findings or observations. These terms are defined as follows:

Few	1-25%
Some	26-50%
Majority	51-75%
Most	76-99%
All	100%



Chapter 2

Good News

1. At All installations, all Soldiers interviewed provided glowing positive comments and feedback regarding their medical care and lodging.
2. At FT Dix, the WTU leadership was very proactive in addressing work orders.
3. At installations in which Soldiers were living in lodging, All Soldiers interviewed provided positive feedback regarding housekeeping.
4. At FT Bragg, the WTU had color-coded fire evacuation plans providing clearly defined egress strategies for personnel and first responders.
5. At FT Bragg, privatized housing maintenance teams were present during the inspection and corrected deficiencies on the spot. This initiative brought kudos from the families who received the immediate repair work.
6. At FT Drum, the room of a Soldier with mobility issues was designated as the “model room” during VIP visits, based on its continued exceptional appearance.
7. At FT Belvoir, reflective markers were placed on room windows and doors to signal emergency personnel toward Soldiers with mobility issues. Note: There is no national or military standard for such identification.
8. The adaptive sports equipment provided to the Soldiers at the FT Dix, FT Drum, and West Point WTUs was a positive addition to the unit.

[REDACTED]

Chapter 3 Findings and Observations

NOTE: All findings stated below were determined based on the DEPSECDEF Memorandum as the primary source document. Additional standards were included as necessary. These findings were immediately reported to the respective WTU leaderships and/or the appropriate installation agencies for corrective action.

Objective: Determine if facilities used to house Warriors in Transition were in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.

FINDINGS

Finding 1.1: At a **Few** installations, some smoke detectors were disconnected, missing, or not synchronized with the building fire safety system, in Unaccompanied Personnel Housing (UPH).

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problems.

Discussion: Faulty fire safety systems presented an imminent health and safety issue. In each instance, the chains of command and the installation fire departments were notified and the findings were corrected immediately.

Recommendations: That WTU leadership, with assistance from the installation fire departments, conduct periodic checks of all smoke detectors during routine inspections and submit priority work orders for immediate corrective action as necessary.

Finding 1.2: At a **Few** installations, fire evacuation exit lights in UPH were not synchronized with the building's backup power system.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problem.

Discussion: In the event of a loss of power, the exit lights would not illuminate which would present an imminent fire safety issue for anyone trying to escape a building.

Recommendations: The WTU leadership conduct periodic checks of all fire evacuation exit lights during routine inspections, with assistance from the installation fire departments, submit priority work orders for immediate corrective action as necessary.

[REDACTED]

Finding 1.3: At a Few installations, ground floor windows would not properly close and thus could not be locked.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The WTU leadership did not conduct routine barracks inspections and therefore were not aware of the problem.

Discussion: Windows which would not properly close or lock, created a physical security issue. The WTU leadership requested assistance from the installation DPW to address the problem as appropriate.

Recommendations: That WTU leadership follow up with DPW to ensure resolution of the finding. Additionally, WTU leadership should check all windows and doors for proper security each time rooms are vacated and assigned.

Finding 1.4: At the Majority of installations, clothes dryers had excess lint in the filters.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Won't Comply. There were no penalties for Soldiers who failed to adhere to the standard, or for leaders who failed to enforce the standard.

Discussion: According to the National Fire Protection Association 2010 statistical data, 32% of washer and dryer fires were caused by a failure to clean lint from dryers. Lint in dryer filters has the potential for causing or feeding a fire, and could be a life and fire safety hazard. Residents did not regularly clean the dryer vents nor were the standards enforced to minimize the potential hazard.

Recommendation: That WTU leadership hold Cadre accountable for inspecting the dryers for excessive lint and ensure Soldiers are held accountable for cleaning the lint filters.

Finding 1.5: At a Few installations, Soldiers residing in privatized housing were not provided washers and dryers.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the requirement to provide washers and dryers where applicable.

Discussion: The DEPSECDEF guidance stated that Soldiers residing in housing with laundry hook-ups should be provided washers and dryers as loaned furnishings. In each instance, the WTU leadership contacted their installation DPW to procure the equipment for the Soldiers.

[REDACTED]

[REDACTED]

Recommendation: As part of new Soldier's in processing, WTU leadership determine if washers and dryers should be procured as appropriate.

Finding 1.6: At Some installations, Soldiers were assigned housing that did not meet regulatory guidance.

Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 6.

AR 420-1, Army Facilities Management, 12 Feb 08

DA PAM 420-1-1, Housing Management, 2 Apr 09

Root Cause: Don't Know. The leadership at the WTUs were not clearly familiar with the standards for housing.

Discussion: A privatized lodging unit did not meet the assignment criteria (number of bedrooms) for accompanied family members. Additionally, married Army couples were residing in the UPH, vice privatized housing, and Soldiers of different ranks (Senior Noncommissioned Officer and a Junior Enlisted Soldier) were assigned to the same living space. AR 420-1 provided guidance on the authorized square footage for Soldiers based on their rank, as well as guidance on assignment to housing for married Army couples. DA PAM 420-1-1 provided guidance on the number of authorized bedrooms. The leadership did not apply the above regulatory standards in these findings.

Recommendations: That WTU leadership ensure housing assignment procedures are followed when Soldiers are initially assigned, and throughout the Soldier's assignment, to the WTU and privatized lodging.

Finding 1.7: At Some installations, the HVAC systems did not function properly in UPH.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problems.

Discussion: The HVAC systems did not properly circulate air throughout the facilities. Some areas of the UPH facilities were warmer than others. There were significant temperature fluctuations from the residential rooms to the hallways and between different rooms, not based on Soldier preference. Additionally, there were a few rooms that had inoperable thermostats. Note: Significant temperature fluctuation requires the HVAC systems to operate at a higher capacity than normal which can cause condensation leading to mold and mildew problems in the facilities.

Recommendations: The WTU leadership submit work orders to DPW to address or repair the HVAC units as appropriate. Additionally, WTU leadership should be more sensitive to temperature conditions in the barracks.

[REDACTED]

[REDACTED]

Finding 1.8: At a Few installations, handicap parking spaces lacked the required clearance space for wheel chair access aisles.

Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
28 Code of Federal Regulations (CFR), Part 36, paragraph 4.6.6

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problem.

Discussion: 28 CFR stated that handicap parking spaces must have at least a 60 inch wide access aisle on either side of the spaces. Handicap parking spaces were added at several of the facilities, however, 28 CFR was not used to ensure compliance.

Recommendation: The WTU leadership submit appropriate work orders to DPW to correct the oversight.

Finding 1.9: A Few motion sensors in barracks room common areas did not automatically turn the lights off.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the sensor problems.

Discussion: Motion sensor lights were not timed appropriately (set at 20 plus minutes versus 5 minutes). This was viewed as an annoyance by the Soldiers and some commented that it caused disruptions in their sleeping patterns. Of note, unit Soldiers did not report this issue to the unit leadership.

Recommendations: The WTU leadership submit the appropriate work orders to DPW to have the motion sensors recalibrated. Also, the inspection teams encouraged greater WTU leadership presence in the barracks and better communication between the leadership and the Soldiers.

Finding 1.10: At a Few installations, stove exhaust fans in the barracks did not function effectively.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Can't Comply. DPW had previously addressed the issue and determined that exhaust fans were functioning. The WTU leadership lacked the ability to further address the problem.

Discussion: The DPW determined that the fans were functioning; however, the fans did not draw smoke and odors efficiently and effectively from the cooking space. A fire department

[REDACTED]

[REDACTED]

subject-matter-expert concluded that based on the current functionality, the unit assumes a potential fire safety risk as smoke or steam have the potential to falsely set off smoke detectors.

Recommendation: The WTU leadership, in conjunction with the appropriate installation agencies, determine the appropriate course of action to mitigate risk.

Finding 1.11: At a **Few** installations, ceiling openings for pipes in mechanical rooms and stairwells were not properly sealed to prevent spreading fire or smoke.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problems.

Discussion: Unsealed ceiling openings have the potential to allow fire and smoke to spread from one area or floor to another, causing additional risk to life and property damage.

Recommendation: That WTU leadership submit the appropriate work orders to DPW so as to properly seal the openings.

Finding 1.12: A **Few** fire sprinkler escutcheon plates were missing, bent, or had debris and dust on the sprinkler deflector wheel.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTU was not aware of the problem.

Discussion: Fire sprinkler escutcheon plates are installed as an additional fire protection measure. According to a fire department SME, missing or bent plates, or those with debris on the sprinkler deflector wheel have the potential to malfunction in cases of emergency, leading to additional risk to life and property damage.

Recommendation: The WTU leadership submit the appropriate work orders to DPW to replace or repair the escutcheon plates as necessary.

Finding 1.13: At a **Few** installations, water temperature and pressure were not consistently regulated throughout the facilities.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Causes: Can't Comply. The WTU leadership lacked the ability and resources to correct the problem. Don't Know. The leadership at the WTU was not aware of the problem.

[REDACTED]

[REDACTED]

Discussion: At one installation, the WTU leadership and DPW were aware of the water issues and were continuously working to address those issues in the facility. The primary issues were that the water temperature did not remain consistently hot and showers that had low water pressure. A systems check determined that the system itself had multiple malfunctions in heating and cooling as well as mineral buildup. The Contractor extended the warranty for the water system for an additional six months in order to correct the issues. At another installation, some washing machines lacked hot water or the hot water was not sustained during the appropriate cycle. Soldiers were able to utilize other available washing machines in one of the facilities' laundry rooms.

Recommendations: The WTU leadership continue to coordinate with DPW and the Contractor through resolution of the issues. Additionally, the inspection teams encouraged greater WTU leadership presence in the barracks and better communication between the leadership and the Soldiers.

Finding 1.14: At a Few installations, fire doors and exit doors did not close properly.

Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.
National Fire Protection Association (NFPA) 80, paragraph 5.2.4

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problems.

Discussion: Inoperable fire doors have the potential to allow fire and smoke to easily spread from one area to another, causing potential risk to life and property damage. Additionally, exit doors that did not close properly created a physical security issue. NFPA 80, 5.2.4 stated that self-closing door devices must be operational; that the door closes completely when operated from the full open position.

Recommendation: The WTU leadership conduct a full sweep of the buildings and submit work orders as appropriate to correct deficiencies.

Finding 1.15: At Some installations, faulty Ground Fault Circuit Interrupter (GFCI) were found.

Standards: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.
29 CFR, paragraph 1910.304

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problems.

Discussion: GFCIs were inoperable or would not properly reset when tested. In each case, a priority work order was submitted to have the connector repaired or replaced as appropriate. In some cases, the faulty GFCIs were found in unoccupied rooms; others were not reported to the chain of command by the Soldiers.

[REDACTED]

[REDACTED]

Recommendations: The WTU leadership work with DPW and submit work orders to ensure GFCIs are tested and repaired as appropriate. Additionally, the inspection teams encouraged greater WTU leadership presence in the barracks and better communication between the leadership and the Soldiers.

Finding 1.16: The fire inspector test valves were inaccessible and out of compliance for annual inspection.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Can't Comply. Funding issues and a miscommunication across several separate commands in a Joint environment were major contributing factors to the findings.

Discussion: The installation leadership accepted full responsibility for the finding.

Recommendation: The installation leadership take the lead in ensuring the valves are inspected and meet compliance.

Finding 1.17: At Some installations, stained and unserviceable mattresses were found.

Standard: Memorandum, Deputy Secretary of Defense, 18 Sep 07, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel. Paragraph 7.

Root Cause: Don't Know. The leadership at the WTUs were not aware of the problems.

Discussion: The majority of the stained mattresses did not have covers to prevent the stains. Some stains appeared to be from body fluids while others were from dirt or spills. Some of the mattresses were simply beyond their normal life cycle and showed obvious signs of wear and tear. In all cases, the stained and unserviceable mattresses were discovered in unoccupied rooms or rooms that had not be used to house newly assigned Soldiers.

Recommendation: The WTU leadership conduct a full inspection of all of the mattresses and turn-in or replace the stained and unserviceable items as appropriate. Additionally, purchase covers to prevent stains.

OBSERVATIONS

Observations were captured in the following categories: Flammables, Electrical, Safety, and General. The listing under each observation is a culmination of items found throughout this inspection process. While multiple observations were identified at every unit, the information below is not meant to suggest that all of the observations below were found at all installations. It appeared that WTU subordinate leadership and Soldiers were not adhering to local installation policies and WTU SOPs and that frequent Leader Checks would drastically reduce these observations.

[REDACTED]

[REDACTED]

Observation 1.1: Flammables.

Standard: Local installation /WTU policies and guidance.

Discussion: Flammables observed during the inspection included, but were not limited to: burnt candle wicks, charcoal fluids, motor oil, and paint. IAW AR 385-10, the Army Safety Program, hazardous materials will be stored IAW 29 CFR 1910 and NFPA Codes.

Recommendation: The WTU leadership continue to check for flammables, apply and enforce their installation policies and WTU SOPs, and perform periodic checks during routine inspections specific to these items.

Observation 1.2: Electrical.

Standard: Local installation /WTU policies and guidance.

Discussion: Electrical issues observed included, but were not limited to: extension cords not properly grounded, multiplug adapters, and “daisy chain” extension cords. In all cases, the WTU leadership was contacted and corrective action was taken immediately.

Recommendation: The WTU leadership continue to check for electrical, apply and enforce their installation policies and WTU SOPs, and perform periodic checks during routine inspections specific to these items.

Observation 1.3: Safety.

Standard: Local installation/WTU policies and guidance.

Discussion: Safety issues observed included, but were not limited to: unsecured medications, non-approved space heaters, expired fire extinguishers, clutter in rooms limiting egress, ammunition, rugs without non-skid backing, out dated medication, and lack of fire evacuation plans.

Recommendation: That WTU leadership immediately correct safety observations, provide appropriate training to subordinate leaders to reinforce the standards, and perform periodic checks specific to these items.

Observation 1.4: General.

Standard: Local installation/WTU policies and guidance.

Discussion: General observations included, but were not limited to: torn window screens, bent blinds, missing curtains, auto parts in living spaces (car battery and tires), poor housekeeping by the Soldier, discolored water, missing ceiling tiles, holes in ceilings, missing caulking, broken furniture, dirty microwaves and refrigerators, overdue annual inspections for fire extinguishers, and expired elevator inspection certificates.

[REDACTED]

[REDACTED]

Recommendation: That WTU leadership continue to check for, and correct, general observations and apply their installation policies and WTU SOPs as part of their routine inspections specific to these items.

[REDACTED]

[REDACTED]

[REDACTED]

Appendix 1 Directive



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, NORTHERN REGIONAL MEDICAL COMMAND
9275 DOERR ROAD
FORT BELVOIR, VIRGINIA 22060-2204

MAR 21 2013

MCAT-CG

MEMORANDUM FOR Northern Regional Medical Command Inspector General

SUBJECT: Directive for the Inspection of Facilities Used to House Soldiers in Transition

1. You are directed to conduct a special inspection of the facilities used to house Soldiers in Transition (ST) in the Northern Regional Medical Command's (NRMC) area of responsibility. This inspection will conclude not later than (NLT) 1 September 2013.
2. The objective is to determine if facilities used to house STs are in compliance with Memorandum, Deputy Secretary of Defense, 18 September 2007, subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.
3. The NRMC IG Team, in coordination with Installation Management Command (IMCOM), is authorized to task installation staff members, Inspectors General (IG) assigned to Senior Commanders and IMCOM, and is to have unlimited access to Army Activities, organizations, and all information sources to ensure the successful and timely completion of this inspection requirement.
4. You will provide me with a mid-point progress review on or about 26 June 2013, followed by a written report not later than 10 September 2013.
5. Point of contact is Mr. James C. Draine, jd.draine@amedd.army.mil, at commercial (571) 231-5392 or DSN 289.

3 Encls

1. MEDCOM Directive
 2. Public Law 110-181, 28 Jan 08
 3. ALARACT 162/2008, 3 Jul 08
- [REDACTED]
- [REDACTED]

[REDACTED]

Appendix 2 Detailed Standards List

DEPUTY SECRETARY OF DEFENSE
101 0 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
UNDER SECRETARY OF DEFENSE FOR PERSONNEL
AND READINESS
UNDER SECRETARY OF DEFENSE FOR
ACQUISITION, TECHNOLOGY AND LOGISTICS
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH
AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover
Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint
DoD/DVA committee, met and approved the following policy changes on August 28,
2007.

Effective immediately, the Military Services will provide housing for medical hold and holdover
personnel in accordance with the attached standards. These standards address baseline
accommodations and special features and services that may be required depending on a
member's medical condition and treatment plan. The Secretaries of the Military Departments are
directed to use these standards for conducting the inspections required by section 3307 of the
U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability
Appropriations Act, 2007 (Public Law 110-28), and to report inspection findings to the Under
Secretary of Defense for Personnel and Readiness not later than October 31, 2007. Timely
implementation of these standards is a top Department priority.

Attachment:

As stated

HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER
PERSONNEL

1. **PURPOSE**

These standards shall be used as a basis for evaluating the adequacy of facilities that house
medical hold and holdover personnel.

2. **GENERAL**

In general, medical hold and holdover personnel receiving outpatient medical treatment
(hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing
that exceeds or meets the applicable quality standards and is appropriate for their medical
condition, expected duration of treatment, dependency status (including authorization of a non-

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medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

3. APPLICABILITY

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale. These standards apply to the following types of housing when occupied by MH personnel: DoD-owned family housing (FH), DoD-owned unaccompanied personnel housing (UPH), Lodging owned by DoD, whether supported by appropriated funds or a non- appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses. Leased/contracted housing and lodging, to the maximum extent permitted by the associated agreement. Privatized housing and lodging, to the maximum extent permitted by the associated agreement. Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT

It is fitting those medical hold personnel who have "serious physical disabilities" or that are the "direct result of armed conflict have priority for housing and certain services. While the minimum housing standards are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

5. RESPONSIBILITIES

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

1 - For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or

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with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

2 - For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.Pfi.1.2.)

6. ASSIGNMENT

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing. For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority I", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement. If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade unless dictated otherwise by special medical requirements.

7. BASELINE STANDARDS

Condition

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

Kitchens

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).

Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

Furnishings

Provide loaned furnishings as appropriate.

Electronic Equipment


Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WiFi and a laptop computer.

Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.



Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

8. SPECIAL MEDICAL REQUIREMENTS

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night). For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of

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unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

9. **INSPECTIONS**

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall re-inspect such facility not less often than once every 180 days until the deficiency is corrected.

10. **FEEDBACK AND UPDATES**

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feedback should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

11. **IMPLEMENTATION**

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.

Appendix 3
Reports

Inspection reports were provided to the incumbent of the offices listed below or his/her designated representative on the date indicated:

Office	Date of Outbrief
Fort Belvoir, VA	5 JUN 13
WTU Commander	
Garrison Commander	
Fort Bragg, NC	26 JUL 13
WTU Commander	
MTF Commander	
Garrison Commander	
Senior Commander	
Fort Dix, NJ	6 SEP 13
WTU Commander	
MTF Commander	
Garrison Commander	
Senior Commander	
Fort Drum, NY	12 AUG 13
WTU Commander	
MTF Commander	
Garrison Commander	
Senior Commander	
Fort Eustis, VA	3 JUL 13
WTU Commander	
MTF Commander	
Garrison Commander	
Senior Commander	

Appendix 3
Reports con't

Inspection reports were provided to the incumbent of the offices listed below or his/her designated representative on the date indicated:

Office	Date of Report
Fort Knox, KY	29 AUG 13
WTU Commander	
MTF Commander	
Garrison Commander	
Senior Commander	
Fort Meade, MD	31 MAY 13
WTU Commander	
Garrison Commander	
Brigade Commander	
Walter Reed National Military Medical Center, Bethesda, MD	31 MAY 13
WTU Commander (BLDG. 1200)	
West Point, NY	11 SEP 13
WTU Commander	
MTF Commander	
Garrison Commander	
Senior Commander	

Appendix 4
Acronym List

ADA	American Disabilities Act
ALARACT	All Army Activities
CFR	Code of Federal Regulations
DEPSECDEF	Deputy Secretary of Defense
DoD	Department of Defense
DPW	Directorate of Public Works
GFCI	Ground Fault Circuit Interrupter
HVAC	Heating, Ventilation, and Air Conditioning
IAW	In accordance with
IG	Inspector General
IMCOM	Installation Management Command
MEDCOM	US Army Medical Command
MH	Medical Hold
NFPA	National Fire Protection Association
NRMC	Northern Regional Medical Command
PTSD	Post Traumatic Stress Disorder
RMC	Regional Medical Command
SME	Subject Matter Expert
SOP	Standard Operating Procedures
TBI	Traumatic Brain Injury
UPH	Unaccompanied Personnel Housing
WT	Warrior in Transition
WTU	Warriors in Transition Unit



Appendix 5

References

28 CFR, Part 36, ADA Standards for Accessible Design

29 CFR 1910.304, Occupational Safety & Health Administration

ALARACT 162/2008, 3 July 2008, Subject: Inspection of Armed Forces Facilities Used to House Recovering Service Members Assigned to Army Warrior Transition Units

ALARACT 295/2008, 9 December 08, Subject: MOD 1 to ALARACT 162/2008

Army Regulation 420-1, Army Facilities Management, 12 February 2008

Army Regulation 385-10, The Army Safety Program, 23 August 2007

DA Pam 420-1-1, Housing Management, 2 April 2009

Memorandum, Deputy Secretary of Defense, 18 September 2007, Subject: DoD Housing Inspection Standards for Medical Hold and Holdover Personnel

National Defense Authorization Act (NDAA), Public Law 110-181, Sec 1662, 28 January 2008, Subject: Access of Recovering Service Members to Adequate Outpatient Residential Facilities

National Fire Protection Association (Various Codes)